

State of West Virginia
INAUGURAL COMMITTEE
Statement of Organization

Committee Name: _____

Committee Chairperson: _____

Mailing Address: _____

Daytime Phone Number: (_____) _____

Committee Treasurer: _____

Treasurer's Mailing Address: _____

Email Address: _____

Daytime Phone Number: (_____) _____ Treasurer's County: _____

The people listed on this form have agreed to serve as chairperson and treasurer of this committee. The treasurer acknowledges that he or she is personally responsible for filing the statutorily required campaign finance reports until a Change of Treasurer notice (Form F-5) is submitted to the Office of the Secretary of State, or until the committee files a Notice of Dissolution (Form F-6).

Treasurer's Signature

Date



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